

USUHS, and in San Antonio, Texas, with Brooke Army Medical Center and Wilford Hall USAF Medical Center. We have been pleased that the documentation from World War II, the Korean Conflict, and the Vietnam War, with the latter resulting in the continuing Vietnam Vascular Registry activities, has provided valuable reference for those current military surgeons identified above. We would like to congratulate our colleagues who are providing current outstanding management of vascular trauma for those wounded in Afghanistan and Iraq and for advancing our overall understanding of vascular injury.

Norman M. Rich, MD, FACS, DMCC
Carl W. Hughes, MD, FACS

The Norman M. Rich Department of Surgery
 Uniformed Services University of the Health Sciences
 F. Edward Hébert School of Medicine
 Bethesda, Md

Michael E. DeBakey, MD

Michael E. DeBakey Department of Surgery
 Baylor College of Medicine
 Houston, Tex

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Reply

It is an honor to have the wartime efforts of our group recognized by Drs DeBakey, Hughes, and Rich. Many of the notable and lasting advances in vascular surgery have come at the hands of these men, and their work has served as an inspiration and compass for us all during this war. Our group has been fortunate to have the unwavering support of Dr Rich and the Department of Surgery that bears his name at the Uniformed Services University in Bethesda. Without this support and mentorship, our efforts would have surely fallen short.

Although we are appreciative of this recognition, we are even more humbled to work with such dedicated medics and surgeons in all branches of military service and are inspired by the opportunity to care for the brave men and women serving our country.

Michael A. Peck, MD, Major USAF MC

Uniformed Services University of the Health Sciences
 F. Edward Hébert School of Medicine
 Bethesda, Md

Clinical Fellow
 Division of Vascular and Endovascular Surgery
 Massachusetts General Hospital
 Boston, Mass

Todd E. Rasmussen, MD, FACS, Lt Col USAF MC

Chief San Antonio Military Vascular Surgery Service
 Wilford Hall Medical Center
 Lackland AFB, Tex

Associate Professor of Surgery
 Uniformed Services University of the Health Sciences
 F. Edward Hébert School of Medicine
 Bethesda, Md

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CORRECTION

For the article "Endovascular repair of an iliac artery aneurysm in a patient with Ehlers-Danlos syndrome type IV" published in *J Vasc Surg* 2007; 45:177-9, in the fourth sentence under the Case Report subheading, the genetic mutation was incorrectly reported as substitution of "arginine for glycine at amino acid 634." The sentence should read substitution of "glycine by aspartic acid at amino acid 634". The full systematic description is c.2402G>A p.Gly801Asp (Gly634Asp).